2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # V20961 1. Entity Name 03-27-2006 90277 002 ***150.00 FLORRY'S MUSICAL ENTERPRISES, INC. Principal Place of Business **CCOOUDU** 1335 WOODCREST RD SO 1335 WOODCREST RD SO W PALM BCH FL 33417 W PALM BCH FL 33417 2. Principal Place of Business 3. Mailing Address 1822 Sonrisa 1822 Sonrisa Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State -City & State Applied For 65-0335908 Rivera Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNCAN UIC TOR DUNCAN, VICTOR J. Street Address (P.O. Box Number is Not Acceptable) 1335 WOODCREST RD S WEST PALM BEACH FL 33417 Sowusa 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 ☐ Delete TITLE PRESIDENT Change ■ Addition DUNCAN UICTOR J. 1822 Schrisa street Rivera Beach, 4.33404 NAME DUNCAN, VICTOR J. NAME STREET ADDRESS 1335 WOODCREST RD SO STREET ADDRESS CITY-ST-782 WEST PALM BEACH FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME HARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Detete III! F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Defete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED